



Declaration, Power of Attorney and Petition - Original Application

As a below named inventor, I hereby declare that: My residence, mailing address and citizenship, are stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Ultrasonic Apparatus And Method To Assess Compartment Syndrome

the specification of which ☐ is attached hereto, ☒ was filed on (Date) 03/22/2004
as Application Serial No. 10/805,816 and was amended (Date) _____

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information which is known to me to be material to patentability as defined in 37 CFR §1.56.

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____, the status of which is ☐ patented, ☐ pending, ☐ abandoned.
(Serial No.) (Filing Date)

I hereby claim priority benefits under Title 35, United States Code §119(e) of any United States Provisional Applications listed below

_____, the status of which is pending.
(Provisional Serial No.) (Filing Date)

POWER OF ATTORNEY: I hereby appoint the following attorney(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Registered practitioner(s) at Customer Number 23351, OR

☐ Registered practitioner(s) listed below

_____ (Name)	_____ (Reg. No.)	_____ (Name)	_____ (Reg. No.)
_____ (Name)	_____ (Reg. No.)	_____ (Name)	_____ (Reg. No.)
_____ (Name)	_____ (Reg. No.)	_____ (Name)	_____ (Reg. No.)

ADDRESS ALL CORRESPONDENCE TO:

☒ Customer Number 23351, OR

☐ Correspondence Address listed below

Name: Attn: Helen M. Galus

Address: _____

DIRECT TELEPHONE CALLS TO:

Telephone (Complete number to be dialed from USPTO):

757-864-3227 (voice)

757-864-9190 (facsimile)

Further, as a named inventor, I certify that the Government of the United States of America, as represented by the Administrator of the National Aeronautics and Space Administration has ☒ an assignment in, or ☐ license to the invention set forth in this application and has the irrevocable right to prosecute this application and to receive the patent.

Wherefore, I pray that Letters Patent be granted to me for this invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification, claims, power of attorney and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	LAST YOST	FIRST William	MIDDLE OR INITIAL T.
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SIGNATURE <i>William T. Yost</i>			DATE <i>April 12, 2004</i>

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RESIDENCE AND CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP USA
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SIGNATURE			DATE

FULL NAME OF INVENTOR	LAST HARGENS	FIRST Alan	MIDDLE OR INITIAL R.
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SIGNATURE <i>Toshiaki Ueno</i>			DATE April 12, 2004

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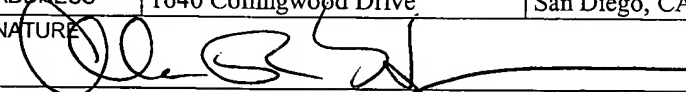
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